

**YOUTH TRANSITION CENTER  
FACE SHEET**

YOUTH NAME: \_\_\_\_\_ AKA: \_\_\_\_\_ JO#: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ NATIONALITY/RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

DISTINGUISHING MARKS/TATOOS: \_\_\_\_\_

SCARS: \_\_\_\_\_ OTHER: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_

DATE OF ARRIVAL: \_\_\_\_\_ DATE OF DEPARTURE: \_\_\_\_\_

COUNTY OF COMMITMENT: \_\_\_\_\_

INSTITUTIONAL COUNSELOR: \_\_\_\_\_

PRIMARY JPO: \_\_\_\_\_ COURT ORDER EXPIRES: \_\_\_\_\_

COURT ORDER ISSUED: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ STEPFATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ STEPMOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OTHER (FOSTER PARENT, GRANDPARENT, SIBLING, ETC)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LEGAL CUSTODIAN: \_\_\_\_\_

MEDICAL INFORMATION

MEDICATIONS: \_\_\_\_\_

ALLERGIES OR OTHER MEDICAL PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

RELEASED TO: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_